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CONFIRMATION NO. 2419

SERIAL NUMBER 10/648,032	FILING DATE 08/26/2003 RULE	CLASS 604	GROUP ART UNIT 3751	ATTORNEY DOCKET NO. MSF-9-CON
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/502,372 02/11/2000 PAT 6,620,136

(S)

** FOREIGN APPLICATIONS *****

(C)

NME

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 11/18/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	SC	21	12	6
Verified and Acknowledged Examiner's Signature	Initials				

ADDRESS

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TITLE

Retractable I-V catheter placement device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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